L11000055690

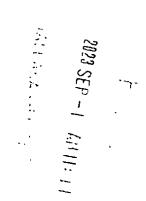
(Requestor's Name)
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COVER LETTER

	registration Se Division of Cor						
SUBJECT	DR SMOOTHE LLC						
COBSILCI	·	Name of Lim	ited Liability Company	 			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	ırn all correspo	ondence concerning this matter	to the following:				
		CHRISTINA POWERS					
		·	Name of Person				
		CHRISTINA POWERS T	AX				
Firm/Company							
	3700 CREIGHTON ROAD, STE. 10						
			Address				
		PENSACOLA, FL 32504					
			City/State and Zip Code				
		CHRISTINA@CHRISTIN					
		E-mail address: (to be used for future annual report	notification)			
For further	r information c	oncerning this matter, please c	all:				
CHRISTI	na powers		850 332-443	2			
	Name o	f Person		ytime Telephone Number			
Enclosed i	s a check for th	ne following amount:					
■ \$2 5.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Hailing Addres Registration S		Street Addres Registration				
Division of Corporations		Division of Corporations The Centre of Tallahassee					
	P.O. Box 632 Yallahassee, I			nroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP - 1 AM 11: 11

DR SMOOTHIE LLC

(Name of the Limited Liability Company as it now appears on our records.) A Line (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab		were filed on MAY	10, 2011	and assigned
Florida document number L11000055690	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ty Company," the desig	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicat	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE Bo	<u>OX)</u>			
D. If any and the other production of the state of the st	-!-AI			6.1
agent and/or the new registered office address		aaress on our reco	rds, enter the name	of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
New Registered office Address.		Enter Florida	street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registabeing filed to merely reflect a change in the recompany has been notified in writing of this cl	r and complete ered agent as p gistered office	performance of my rovided for in Cha	duties, and I am fa pter 605, F.S. Or, i	miliar with and f this document is
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Relative to the proper accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the resistance of the proper accept the obligations of the proper accept the obligations of my position as registed being filed to merely reflect a change in the resistance of the proper accept the accept the resistance of the proper accept the obligations of my position as registed being filed to merely reflect a change in the resistance of the proper accept the accept the accept the resistance of the proper accept the obligations of my position as registed being filed to merely reflect a change in the resistance of the proper accept the accept the accept the proper accept the accept the accept the accept the accept the proper accept the	egistered office a here: agent and agree and complete gered agent as pegistered office	Enter Florida City The to act in this cap performance of my royided for in Cha	street address	Zip Code Zip Code we to comply with to amiliar with and finis document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	DOR OFFER	710 SCENIC HWY, APT 203	≣ Add
		PENSACOLA FL 32503	□Remove
			□Add
			□ Remove
			□Change
			□ Remove
			Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove

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ective date, if other than the da	AUGUST		(optional)	
reffective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	specific and cannot be prior to does not meet the applicable	ite of filing or more than 9 statutory filing require	0 days after filing.) Pursuant to	o 605.020 e listed as
ecord specifies a delayed effective da s filed.	ate, but not an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
AUGUST 1	2023			

Filing Fee: \$25.00

Typed or printed name of signee